#### EXTENDED TO FEBRUARY 18, 2020

Form **990** 

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Form **990** (2018)

and ending MAR 31, 2019 A For the 2018 calendar year, or tax year beginning APR 1, 2018 D Employer identification number Check if applicable: C Name of organization THE AUDUBON SOCIETY OF NEW HAMPSHIRE \*\*-\*\*\*5322 Doing business as Initial E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ 603-224-9909 84 SILK FARM ROAD termin-ated 2,562,852. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return CONCORD, NH 03301 H(a) Is this a group return Applica-\_\_Yes LX\_No F Name and address of principal officer: DOUG BECHTEL for subordinates? ..... L pending SAME AS C ABOVE H(b) Are all subordinates included? Yes 4947(a)(1) or If "No," attach a list. (see instructions) 1 Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) H(c) Group exemption number ▶ J Website: ► WWW.NHAUDUBON.ORG Other > L Year of formation: 1914 M State of legal domicile: NH K Form of organization: Corporation Trust X Association Part I Summary Briefly describe the organization's mission or most significant activities: **STATEWIDE MEMBERSHIP** Activities & Governance ORGANIZATION DEDICATED TO PROTECTING NEW HAMPSHIRE'S WILDLIFE AND if the organization discontinued its operations or disposed of more than 25% of its net assets. Check this box 13 Number of voting members of the governing body (Part VI, line 1a) 13 Number of independent voting members of the governing body (Part VI, line 1b) 80 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 2069 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 38 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 1,068,801. 1,360,920. Revenue 950,506. 866,733. Program service revenue (Part VIII, line 2g) 92,346. 67,330. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 43,918. 76,648. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,130,555. 2,396,647. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ....... Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 1,520,375. 1,374,116. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 728,517. 799,400. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,319,775. 2,102,633. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -189,220.294,014. Revenue less expenses. Subtract line 18 from line 12 End of Year **Beginning of Current Year** 17,980,370. 18,682,441. Total assets (Part X, line 16) 983,373. 961,046 Total liabilities (Part X, line 26) iset iset 019,324. ,699,068. Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Signature of officer Sign DOUG BECHTEL, PRESIDENT Here Type or print name and title Date PTIN Check Preparer's signature Print/Type preparer's name 02/14/20 self-employed KELLI D'AMORE, CPA P01402985 KELLI D'AMORE, CPA Paid \*\*-\*\*\*7524 Firm's name NATHAN WECHSLER & COMPANY, P.A. Firm's EIN Preparer Firm's address > 70 COMMERCIAL STREET, 4TH FLOOR Use Only Phone no. 603-224-5357 CONCORD, NH 03301 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	_ <u>X</u> _	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_X_	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_	77	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_	37	
_	Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			•
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40	v	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	<u> X</u>	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	110	21	
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	115		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	]
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b		-		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		1	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			177
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		X
18		18		х
10	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		- 23
19		19		x
20a	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	ļ	X
zua b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Form 990 (2018) THE AUDUBON SOCIETY OF NEW HAMPSHIRE

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		v
	Schedule L, Part I	25b		<u>X</u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or		i	
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	00		v
	complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		X
	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	:		
_	instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	-	X
b	An entity of which a current or former officer, director, trustee, or key employee: in res, complete schedule 2, rath v	200		
G	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive more than \$25,000 in non-cash continuations: in res, compete contributions of art, historical treasures, or other similar assets, or qualified conservation	2.5		
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		ĺ	
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	Ì		ļ
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		<del>,</del>	Ш
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1	_		
b	Enter the flame of the first the fir	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return2a	80		_	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ►				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		_		3.5
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	·····	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a			٥-		x
	any contributions that were not tax deductible as charitable contributions?		6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		C.L		
-	were not tax deductible?	·····-	6b		
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the	Dayor2	7a		х
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		- 25
D	Standard Control of the Control of t		70		
С	to file Form 8282?	ľ	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		70		
u	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as require		7g		
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 100		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
_	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	District the second of the first transfer of the second district transfer of the second of the secon		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12				1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1			
	amounts due or received from them.)			1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	- }		ļ	ļ
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans				
С					v
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	······	14b	1	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1	45		v
	excess parachute payment(s) during the year?	·····	15	-	X
40	If "Yes," see instructions and file Form 4720, Schedule N.		16		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16	+	A
	IL I GO. GUIDDELE I UITI 47 AU. OUTEQUIE U.	,		1	1

THE AUDUBON SOCIETY OF NEW HAMPSHIRE Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 13 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 13 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X 3 of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 X Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body? X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X 12c in Schedule O how this was done Did the organization have a written whistleblower policy? X 13 13 X Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х 15a The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NH Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request X Another's website Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

Form 990 (2018)

DOUG BECHTEL - 603-224-9909

84 SILK FARM ROAD, CONCORD,

03301

State the name, address, and telephone number of the person who possesses the organization's books and records

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

<b>(A)</b> Name and Title	(B) Average hours per week	box	not c	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation from	(E)  Reportable  compensation  from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MICHAEL AMARAL	3.00									•
VICE CHAIR	2.00	X		X	ļ	-		0.	0.	0.
(2) DAVID HOWE	2.00	٠,		37				0	0	_
SECRETARY	0.00	X		Х				0.	0.	0.
(3) LOUIS DEMATO	0.00	X		X				0.	0.	0
TREASURER	2.50	^		Λ	-			0.		0.
(4) THOMAS KELLY	2.50	x						0.	0.	0.
TRUSTEE (5) LAUREN KRAS	2.00	1	<u> </u>	ļ	<u> </u>	-		<b>.</b>	0.	0.
TRUSTEE	2.00	X						0.	0.	0.
(6) PAUL NICKERSON	4.00									
TRUSTEE		x						0.	0.	0.
(7) CHRIS PICOTTE	2.50									
TRUSTEE		X		<u> </u>		<u> </u>		0.	0.	0.
(8) MAVIS BRITTELLI	2.00		}							
TRUSTEE		X		<u> </u>	ļ			0.	0.	0
(9) BRIAN REILLY	1.00							_	_	_
TRUSTEE		X	-		Ļ	-	<u> </u>	0.	0.	0
(10) THOMAS WARREN	3.00	I								
TRUSTEE	0.50	X		-	-	-		0.	0.	0.
(11) MELISSA SMART	2.50	-							0	_
TRUSTEE	2.50	X	-			-	-	0.	0.	0
(12) DAVID DONSKER	2.50	X						0.	0.	0
TRUSTEE	2.50	^	<u> </u>	-	$\vdash$	+	<del> </del>	0.	0.	U
(13) TOM LEE	2.50	X				ļ		0.	0.	0
TRUSTEE (14) DOUGLAS BECHTEL	35.00		╁	<del> </del>	╁	+	┼			
PRESIDENT	33,00	1	ļ	x				90,966.	0.	6,774
IMOIDENI			1			$\top$		30,300.	<u> </u>	<u> </u>
			-			-	-			
		-								
				1						

rar	t VII Section A. Officers, Directors, Tru		ploy	rees			ghe	st C	1	es (continued)	-		
	(A)	(B)	D-11'			(E)		(F)					
	Name and title	Average	(do				than	one	Reportable	Reportable		Estima	
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation		amour	
		week (list any		551 al				.00)	from	from related		othe	
		hours for	irecto				_		the organization	organizations (W-2/1099-MISC		compen: from t	
		related	e or d	ig			sated		(W-2/1099-MISC)	(VV-2/1099-IVIIOC	"	organiz	
		organizations	truste	al trus		ee ee	mper		(** 27 1000 141100)			and rel	
		below	Individual trustee or director	institutional trustee	_	Key employee	est co	G.				organiza	
		line)	Indiv	Instit	Officer	Key e	Highest compensated employee	윤				_	
			1										
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				ļ	ļ	<u> </u>							
				,		l		l					
1b	Sub-total							<b>&gt;</b>	90,966.		0.	6,	774.
	Total from continuation sheets to Part							-	0.		0.		0.
d	Total (add lines 1b and 1c)							<b></b>	90,966.		0.	6,	774.
2	Total number of individuals (including but								eceived more than \$100	,000 of reportable			
	compensation from the organization												0
												Ye	s No
3	Did the organization list any former office	r, director, or tr	uste	e, k	ev ei	olam	ovee	, or	highest compensated e	mployee on			
_	line 1a? If "Yes," complete Schedule J for									. ,		3	X
4	For any individual listed on line 1a, is the									the organization			
•	and related organizations greater than \$1	•								g		4	x
5	Did any person listed on line 1a receive or									idual for services		-	
3	rendered to the organization? If "Yes," co	-					-	Cia	ted organization or indiv	dual for scretces		5	х
	etion B. Independent Contractors	трете эспеци.	e J	101 8	исп	per	SOII		***************************************		····	3	<u> </u>
	· · · · · · · · · · · · · · · · · · ·		حاماء	لمحم					that received mare than	\$100,000 of some		ion from	
1	Complete this table for your five highest of	•	-								ensat	non non	i
	the organization. Report compensation for	i ine calendar y	ear/	end	ırıg \	with	or w	/ithl		year.			
	<b>(A)</b> Name and busines	se addrese	**	<b>△</b> ₹	<del></del>				(B) Description of s	services	Co	(C) mpensat	ion
	Rame and busines		T/I	ON	c				2000 phon or				
			-										
2	Total number of independent contractors	(including but	not l	limite	ed to	the	ose I	ste	d above) who received n	nore than			
	\$100,000 of compensation from the orga	-					0						
		<u>,                                      </u>										orm 996	1 (0040)

		Check if Schedule O contains a response	or note to any lin	ne in this Part VIII			
		Check it Schedule O contains a response	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b d	Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1d	101,504.				
ntributions, d Other Sim	f	All other contributions, gifts, grants, and similar amounts not included above	258,711.		.4		
ပ္ပင္က	h	Total. Add lines 1a-1f		1,360,920.			
			Business Code				
0	2 a	ENVIRONMENT PROGRAMS	541900	451,965.	451,965.		
<u>Ş</u>		CONTRACT REVENUE	541900				
Ser		OTHER INCOME	900099	29,577.			
Program Service Revenue	d		300033	23,3111	257377		
Pag	e						
F	f	All other program service revenue					
		Total. Add lines 2a-2f		866,733.			
	3	Investment income (including dividends, inter					
	-	other similar amounts)		90,600.			90,600.
ĺ	4	Income from investment of tax-exempt bond		30,000			
	-	Royalties					
	5	(i) Real	(ii) Personal				
	_			+			
				,			
		Less: rental expenses0 .					
1	С	Rental income or (loss) 29,192	•				
	d	Net rental income or (loss)	<b>&gt;</b>	29,192.			29,192.
	7 a	Gross amount from sales of (i) Securities	(ii) Other	<u> </u>			
		assets other than inventory 123,848	<u>.</u>				
}	b	Less: cost or other basis					
		and sales expenses122,102	•				
	c	: Gain or (loss) 1,746		Ţ ·			
		I Net gain or (loss)	<b>•</b>	1,746.			1,746.
e		Gross income from fundraising events (not		277100			
le l							
Other Revenu		contributions reported on line 1c). See	0 705				
ē		Part IV, line 18					
₽		Less: direct expenses	6,312.				2 202
_		Net income or (loss) from fundraising events	<u></u>	3,393.			3,393.
	9 a	Gross income from gaming activities. See					,
	!	Part IV, line 19	1				
	b	Less: direct expenses k	<b>.</b>				
=	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
	ļ	and allowances	81,854.				
			37,791.				
		Net income or (loss) from sales of inventory		44,063.	44,063.		
		Miscellaneous Revenue	Business Code	1	11,000.		
	11 a			Ħ		-	
	'						
	(			<del> </del>			
		All other revenue					
		Total. Add lines 11a-11d		2 206 645	010 506		104 031
	12	Total revenue. See instructions	<b>)</b>	2,396,647.	910,796.	0.	124,931.

b, 8	Check if Schedule O contains a respons	o or note to any line in t	5		
b, 8		se of note to any mie in i	inis Part IX		X
4	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				<u> </u>
5	Compensation of current officers, directors, trustees, and key employees	89,494.	71,595.	17,899.	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,080,989.	866,915.	63,148.	150,926
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1,234.	1,234.		
9	Other employee benefits	115,774.	85,936.	22,232.	7,606
0	Payroll taxes	86,625.	57,172.	16,459.	12,994
1 a	Fees for services (non-employees):  Management				
b	Legal				
С	Accounting	25,500.	19,125.	6,375.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	13,972.		13,972.	
g	` 1				
	column (A) amount, list line 11g expenses on Sch O.)	38,735.	14,050.	7,655.	17,030
2	Advertising and promotion	16,331.	523.	15,808.	
3	Office expenses	14,789.	13,813.	701.	275
4	Information technology				
5	Royalties	450 605	450 605		
6	Occupancy	159,695.	159,695.	0.004	1 01
17	Travel	30,861.	27,573.	2,074.	1,214
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2 000	1 4 1	2 076	F0.0
19	Conferences, conventions, and meetings	3,807.	141.	3,076.	590
20	Interest	36,598.	21,426.	15,172.	
21	Payments to affiliates	150 056	110 722	20 222	
22	Depreciation, depletion, and amortization	150,956. 59,186.	112,733. 47,126.	38,223. 12,060.	
23 24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)	59,100.	47,120.	12,000.	
_	amount, list line 24e expenses on Schedule 0.)  PRINTING & POSTAGE	55,900.	18,465.	1,081.	36,354
a b	DDOGDAM BUDDMORG	54,440.	47,694.	1,688.	5,058
	DOLLT DATESTO	22,838.	21,607.	1,163.	68
c d		20,616.	14,891.	0.	5,72
_	All other expenses SEE SCH O	24,293.	6,391.	16,870.	1,032
25	Total functional expenses. Add lines 1 through 24e	2,102,633.	1,608,105.	255,656.	238,87
<u>25</u> 26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	2,202,000	2,000,100.	233,333.	2007071

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 836,251. 332,087. 1 Cash - non-interest-bearing 496,964. 489,605. 2 Savings and temporary cash investments 2 5,052. 3 0. Pledges and grants receivable, net 3 102,188. 70,796. Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L ...... 6 Notes and loans receivable, net 7 18,907. 33,538. 8 Inventories for sale or use 25,211. 25,056. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 14,100,984. basis. Complete Part VI of Schedule D \_\_\_\_\_\_ 10a b Less: accumulated depreciation 10b 2,880,051. 11,323,769. 11,220,933. 10c Investments - publicly traded securities 2,801,463. 11 2,805,886. 11 1,000. 1,000. 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 3,199,376. 2,873,729. Other assets. See Part IV, line 11 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 17,980,370. 16 18,682,441. 16 136,404. 17 170,523. Accounts payable and accrued expenses 17 18 18 Grants payable 77,495. 84,899. 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 592,229. 608,602. Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of 131,141. 143,126. ..... 983,373. 961,046. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here 

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 3,599,255. 3,213,446. 27 Unrestricted net assets 4,953,168. 5,014,670. 28 Temporarily restricted net assets 28 8,791,208. 29 9,146,645. Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 17,699,068. 17,019,324. 33 Total net assets or fund balances 33 17,980,370. 18,682,441. Total liabilities and net assets/fund balances

Form 990 (2018)

review, or compilation of its financial statements and selection of an independent accountant?

Act and OMB Circular A-133?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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#### **SCHEDULE C**

(Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities** 

For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ. ➤ Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	Section 501(c)(4), (5), or (6) organizat	tions: Complete Part III.	au .		
Nam	ne of organization				yer identification number
	THE AUD	UBON SOCIETY OF	<u>NEW HAMPSHI</u>	RE	<u>**-***5322</u>
Pa	rt I-A Complete if the org	janization is exempt und	ler section 501(c)	or is a section 527 or	ganization.
	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		<b>▶</b> \$	
Pa	art I-B Complete if the org	anization is exempt und	ler section 501(c)	(3).	
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955	<b>▶</b> \$	
2	Enter the amount of any excise tax	incurred by organization manag	ers under section 495	5 <b>▶</b> \$	
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				
Pa	art I-C Complete if the org	janization is exempt und	der section 501(c)	, except section 501(	<del>c)(3).</del>
1	Enter the amount directly expended	d by the filing organization for se	ction 527 exempt fund	ction activities > \$	
2	Enter the amount of the filing organ	ization's funds contributed to ot	ther organizations for s	section 527	
	exempt function activities			<b>&gt;</b> \$	
3	Total exempt function expenditures			·	
	line 17b				
4	Did the filing organization file Form				
5	Enter the names, addresses and er		•	-	
	made payments. For each organization contributions received that were pr	•			•
	political action committee (PAC). If				e segregated fund of a
		· · · · · · · · · · · · · · · · · · ·	- 1		(-) Amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate
					political organization.  If none, enter -0-,
_					
				-	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990-EZ) 2018 Teach Part II-A Complete if the organization	HE AU	DUBON	SOCIETY OF	NEW HAMPSH		* * * 5322 Page 2
Part II-A Complete if the organic section 501(h)).	anizatioi	i is exem	npt under section	on soricito, and me	ea Form 5706 (e	riection under
. —	on belongs	to an affili	iated group (and list i	n Part IV each affiliated	group member's par	ne address FIN
expenses, and share	-			irr art iv caoir ainmatou	group momber a nur	no, address, Ent,
B Check F if the filing organizati				rovisions apply		
Limite	s on Lobby	ing Exper			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public	c opinion (c	arass roots lobbying)			
<b>b</b> Total lobbying expenditures to influe	-					
c Total lobbying expenditures (add lin						
d Other exempt purpose expenditures				1		
e Total exempt purpose expenditures						
f Lobbying nontaxable amount. Enter						
If the amount on line 1e, column (a) or			oying nontaxable an	1		
Not over \$500,000	(0) 15.		the amount on line 1			
Over \$500,000 but not over \$1,000	000			cess over \$500,000.		
Over \$1,000,000 but not over \$1,500				cess over \$300,000.		
				ess over \$1,500,000.		
Over \$1,500,000 but not over \$17,0	100,000			ess over \$1,500,000.		
Over \$17,000,000		\$1,000,0	JUU.			
g Grassroots nontaxable amount (ent	or 25% of	lino 1ft				
h Subtract line 1g from line 1a. If zero						
5	•					_
<ul><li>i Subtract line 1f from line 1c. If zero</li><li>j If there is an amount other than zer</li></ul>					<del>.</del>	
-	_					Yes No
reporting section 4911 tax for this y				- Castian FO1/h)	***************************************	Yes No
(Some organizations th	at made a	section 5			of the five columns	below.
	Lobby	ying Exper	nditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	015	<b>(b)</b> 2016	<b>(c)</b> 2017	( <b>d)</b> 2018	(e) Total
2a Lobbying nontaxable amount						
<b>b</b> Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))				:		
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2018

## Schedule C (Form 990 or 990-EZ) 2018 THE AUDUBON SOCIETY OF NEW HAMPSHIRE \*\*-\*\*\*532 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(а	)	(b	)
	e lobbying activity.	Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?	X			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	-	
С	Media advertisements?		X		
d	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?		X		
g		X		3	,269.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i	Other activities?		X		
j	Total. Add lines 1c through 1i			3	,269.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		· .
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	5044	(=\		·····
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4)	on 501(c)	(5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1 1		***
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 504(c)(2)				- 0 :-
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No," O	R (b) Pari	: III-A, IIr	ie 3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal			
	expenses for which the section 527(f) tax was paid).				
	Current year		1 1		
b	Carryover from last year		2b		
c	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex-	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	oolitical			
	expenditure next year?		4		
	Taxable amount of lobbying and political expenditures (see instructions)		5		
	rt IV Supplemental Information				
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	ist); Part I	I-A, lines 1 a	ınd 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
<u>PA</u>	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
					_
LI.	NE 1A: THE VOLUNTEER BOARD AND ENVIRONMENTAL POLICY	COMM	ITTEE	MEMBEI	RS
$\overline{\text{DE}}$	LIVER TESTIMONY AT STATE LEGISLATIVE COMMITTEE HEAF	RINGS A	AND ME	ET WI	CH
			-a-a	m = = = =	
<u>CO</u>	NGRESSIONAL DELEGATION MEMBERS AND STAFFERS TO DISC	USS L	<u> </u>	TIVE	
<u>IS</u>	SUES RELATED TO WILDLIFE AND THE ENVIRONMENT.				
	42				
LΙ	NE 1G: STAFF PREPARES TESTIMONY FOR S <u>TATE LEGISLAT</u> ]	<u>VE HEA</u>	<u>ARINGS</u>	ON	

Schedule C (I	orm 990 Supple	or 990-EZ) 2 mental in	2018 亚 forma	HE AUDUE	BON S	OCIETY	OF	NEW	HAMPSH	IIRE	**_**	5322	Page 4
BILLS C	F IN	TEREST	AND	COMMUNI	CATE	S WITH	I CON	IGRES	SIONAL	DELEC	SATION		
MEMBERS	AND	STAFF	ERS	REGARDIN	G IS	SUES O	F CC	ONCER	N.		. <del></del>		
											_		
				30.116.0							. <u>.</u>		
													·····
				***************************************	111 = 11								
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													· · · · · ·
			<u>.</u>										
						***							
					·····								

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE AUDUBON SOCIETY OF NEW HAMPSHIRE

Employer identification number \*\*-\*\*\*5322

Par	rt I	<b>Organizations Maintaining Donor Advise</b>	d Funds or Other Similar Funds	s or Acco	unts. Complete if the
		organization answered "Yes" on Form 990, Part IV, lin	e 6.		
			(a) Donor advised funds	<b>(b)</b> Fu	nds and other accounts
1	Tota	I number at end of year			
2		regate value of contributions to (during year)			
3		regate value of grants from (during year)			
4		regate value at end of year			
5		the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds	
		he organization's property, subject to the organization's	<del>-</del>		Yes No
6		the organization inform all grantees, donors, and donor a			
		haritable purposes and not for the benefit of the donor o			
	impe	ermissible private benefit?			Yes No
Pa	rt II	Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line	7.
1	Purp	ose(s) of conservation easements held by the organizati	on (check all that apply).		
	X	Preservation of land for public use (e.g., recreation or e	education) X Preservation of a hist	torically impo	ortant land area
	X	Protection of natural habitat	Preservation of a cer	tified historic	structure
	X	Preservation of open space			
2	Com	plete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conser	vation easement on the last
	day	of the tax year.			Held at the End of the Tax Year
а	Tota	I number of conservation easements		2a	26
b	Tota	l acreage restricted by conservation easements		2b	2,664.90
С	Num	ber of conservation easements on a certified historic str	ucture included in (a)	2c	
d	Num	ber of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struct	ture	
		d in the National Register			<del></del>
3	Num	ber of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organizatio	on during the tax
	year				
4	Num	ber of states where property subject to conservation ea	sement is located >2		
5	Does	s the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of		
		itions, and enforcement of the conservation easements i	***************************************		
6	Staf	f and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	servation ea	sements during the year
	▶ .	100			
7		ount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easem	ents during the year
	▶\$	<del></del>			
8		s each conservation easement reported on line 2(d) above			<b>□</b> □
		section 170(h)(4)(B)(ii)?			
9		art XIII, describe how the organization reports conservati			
		ide, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organiz	ation's accounting for
Do	cons	servation easements. Organizations Maintaining Collections o	f Art Historical Transuras or C	Hhor Sim	ilar Assats
га	1 ( )))	Complete if the organization answered "Yes" on Form	•	Julei Siili	iidi Assets.
	1£ 4b.	<del>_</del>		mont and he	planes about works of art
та		e organization elected, as permitted under SFAS 116 (As prical treasures, or other similar assets held for public exl			
		text of the footnote to its financial statements that descr		ance or pub	ic service, provide, in Fait Ain,
L		e organization elected, as permitted under SFAS 116 (AS		st and balan	as shoot works of art, historical
D		sures, or other similar assets held for public exhibition, e	·		
		ting to these items:	ducation, of research in furtherance of pr	ablic service	, provide the following amounts
					¢
		Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X			\$ 225,000.
a		e organization received or held works of art, historical tre			
2		following amounts required to be reported under SFAS 1		a gan, prov	iu v
_		enue included on Form 990, Part VIII, line 1		<b>.</b>	\$
d h		ets included in Form 990. Part X			\$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

		JBON SOCIET					<u>*5322</u>	
Par	<u> </u>							
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items					items		
	(check all that apply):							
а	Public exhibition	d	Loan or exch	nange programs				
b	Scholarly research	е	Other					
С	X Preservation for future generations		<del>-</del>					
4	Provide a description of the organization's co	llections and explain	how they further th	ne organization's ex	empt purpo	se in Part	: XIII.	
	During the year, did the organization solicit or							
•	to be sold to raise funds rather than to be ma						Yes	X No
Par	t IV Escrow and Custodial Arrang							
	reported an amount on Form 990, Par	•	to n tilo organization	.,		, , .		
4-	Is the organization an agent, trustee, custodia		iany for contribution	e or other accete no	nt included			
ıa							Yes	☐ No
	on Form 990, Part X?						_ 1es	L NO
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	iowing table:				A	
							Amount	
С	Beginning balance							
d	Additions during the year				1 1			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	ıstodial account lial	oility?	L	Yes	└─ No
	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part X	III	, . <i>,</i>		
Par	t V Endowment Funds. Complete it	the organization and	swered "Yes" on Fo	rm 990, Part IV, line	10.		,	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance	1,824.957.	1,801,622.	1,687,088	1.8	95.526.	1.9	943,102.
b	Contributions	6,116.	6,106.	8,650		5.420.		2.415.
c	Net investment earnings, gains, and losses	76.314.	89,330.	181,085		23 567.		37,657.
d	Grants or scholarships	70,511.	0,000.	202,000	•			
	Other expenditures for facilities							
-	•	79.921.	72 101	75,201		90,291.		87,651.
	and programs	19,921.	72,101.	75,201	•	JU, 231.		07,031.
	Administrative expenses	4 00= 455	4 004 055	1 004 600	1 .		<u> </u>	205 506
g	End of year balance	1,827,466.	1,824,957.	1,801,622	· L L, D	87,088.	<u></u>	895,526.
2	Provide the estimated percentage of the curr	-	· ·	i)) neid as:				
а	Board designated or quasi-endowment		_%					
b	Permanent endowment ► 35.03	%						
С	Temporarily restricted endowment ▶2							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered for	the organiz	zation	_	
	by: Yes No							
	(i) unrelated organizations						. 3a(i)	X
	(ii) related organizations						. 3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requir	red on Schedule R?				. 3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.					
Part VI Land, Buildings, and Equipment.								
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.							
	Description of property	(a) Cost or o			Accumulate	ed	(d) Book	value
	boomphon of property	basis (investr	' '		lepreciation	1	()	
	Land	<del>`</del>		7,935.	<del>.</del>		8.157	7,935.
	Land				,344,2			,028.
	Buildings			9,989.	, <u>344, 2</u> 247, 7			2,237.
	Leasehold improvements							
	Equipment			6,188.	226,4		9	9,733.
	Other			1,595.	61,5		1 226	0.
<u>Tota</u>	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line	10c.)		<u>▶   1</u>	<u>. 1 , 420</u>	),933.

Schedule D (Form 990) 2018

Part VII	Investments -	Other	Securities.
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(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financial derivatives		
2) Closely-held equity interests		
3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.		
	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
Part VIII Investments - Program Related.	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.  (c) Method of valuation: Cost or end-of-year market value
Part VIII Investments - Program Related.  Complete if the organization answered "Yes" o		
Part VIII Investments - Program Related.  Complete if the organization answered "Yes" o  (a) Description of investment  (1)		
Part VIII Investments - Program Related.  Complete if the organization answered "Yes" o  (a) Description of investment  (1)  (2)		
Part VIII Investments - Program Related.  Complete if the organization answered "Yes" o  (a) Description of investment  (1)  (2)  (3)		
Part VIII Investments - Program Related.  Complete if the organization answered "Yes" o  (a) Description of investment  (1)  (2)  (3)  (4)		
Part VIII Investments - Program Related.  Complete if the organization answered "Yes" o  (a) Description of investment  (1)  (2)  (3)  (4)  (5)		
Part VIII Investments - Program Related.  Complete if the organization answered "Yes" o  (a) Description of investment  (1)  (2)  (3)  (4)  (5)  (6)		
Part VIII Investments - Program Related.  Complete if the organization answered "Yes" o  (a) Description of investment  (1)  (2)  (3)  (4)  (5)  (6)  (7)		
Part VIII Investments - Program Related.  Complete if the organization answered "Yes" o  (a) Description of investment  (1)  (2)  (3)  (4)  (5)  (6)		

### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) SPLIT-INTEREST AGREEMENTS	2,974,376.
(2) ART COLLECTION	225,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total, (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

#### Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	GIFT ANNUITY PAYABLE	77,393.
(3)	OTHER CURRENT LIABILITIES	65,733.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	143,126.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

OVER THE YEARS THE ORGANIZATION HAS ACQUIRED, MOSTLY BY DONATION, ABOUT A HUNDRED ORIGINAL AUDUDON QUADREPED PRINTS AND OTHER ART PRINTS RELATED TO WILDLIFE, SOME OF WHICH ARE USED FOR DISPLAY IN OUR HEADQUARTERS, SOME OF WHICH ARE USED GENERALLY FOR EDUCATION ABOUT OUR NAMESAKE, J.J. AUDUBON AND THE HISTORY OF WILDLIFE CONSERVATION GENERALLY, AND MOST OF WHICH ARE CURRENTLY HELD FOR PRESERVATION FOR FUTURE GENERATIONS.

### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE AUDUBON SOCIETY OF NEW HAMPSHIRE

Employer identification number \*\*-\*\*\*5322

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ENVIRONMENT THROUGH EDUCATION AND CONSERVATION.
FORM 990, PART I, LINE 6
THE NUMBER OF VOLUNTEER HOURS PROVIDED DURING THE YEAR ARE ESTIMATED AT
17,426 HOURS.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
STATE, OFTEN INCLUDING THE USE OF LIVE ANIMALS SUCH AS RAPTORS,
AMPHIBIANS AND REPTILES. NATURALISTS DELIVER OVER 650 SCHOOL PROGRAMS
EACH YEAR, REACHING APPROXIMATELY 21,000 STUDENTS. OUR SCHOOL PROGRAMS
ARE ALIGNED WITH CURRENT NH STATE SCIENCE FRAMEWORKS WHICH AUGMENT
TRADITIONAL CLASSROOM INSTRUCTION BY PROVIDING HANDS-ON, EXPERIENTIAL
LEARNING OPPORTUNITIES. IN ADDITION, TWO OF OUR CENTERS (MCLANE AND
MASSABESIC) OPERATE NATURE-BASED SUMMER AND VACATION CAMPS WHICH HOST
OVER 300 CHILDREN ANNUALLY, RANGING FROM AGES 4-15.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
SANCTUARIES ARE VISITED ANNUALLY BY OVER 20,000 INDIVIDUALS.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
COMMITTEES AND PARTICIPATE IN STATE AND REGIONAL COALITIONS. NHA
COLLABORATES WITH OTHER NONPROFITS, STATE AND FEDERAL AGENCIES,
ACADEMIC INSTITUTIONS, MUNICIPALITIES, AND BUSINESSES, RESPECTING
COLLABORATORS' PERSPECTIVES WHILE ADVOCATING FOR THE BEST POSSIBLE  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization  THE AUDUBON SOCIETY OF NEW HAMPSHIRE	Employer identification number **-**5322
ENVIRONMENTAL OUTCOMES.	
FORM 990, PART VI, SECTION A, LINE 6:	VEMBERC DAY ANNITAT
THE AUDUBON SOCIETY IS A MEMBERSHIP ORGANIZATION. MOST N	
MEMBERSHIP DUES. SOME MEMBERS RECEIVE COMPLIMENTARY MEMBERS	ership.
FORM 990, PART VI, SECTION A, LINE 7A:	
THE COUNCIL OF CHAPTERS, LOON PRESERVATION COMMITTEE, AND	THE NEWFOUND
CENTER HOLD SEATS ON THE BOARD.	
FORM 990, PART VI, SECTION A, LINE 7B:	
THE MEMBERS ELECT THE BOARD AT THE ANNUAL MEETING.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 WAS REVIEWED AND APPROVED BY THE BOARD PRIOR	R TO FILING. ALL
TRUSTEES WERE GIVEN THE OPPORTUNITY TO PROVIDE FEEDBACK.	
FORM 990, PART VI, SECTION B, LINE 12C:	
CONFLICTS OF INTEREST DISCLOSURES ARE DISTRIBUTED TO TRU	STEES ANNUALLY AND
ARE REQUIRED TO BE COMPLETED AND RETURNED TO THE BOARD C	HAIR. SHOULD A
CONFLICT OF INTEREST ARISE, THE TRUSTEE WILL NOTIFY THE	BOARD CHAIR AND
RECUSE THEMSELF FROM ANY FURTHER DISCUSSION IN REGARDS T	O THE CONFLICT OF
INTEREST.	
FORM 990, PART VI, SECTION B, LINE 15:	
COMPARABILITY DATA IN THE FORM OF EXECUTIVE COMPENSATION	PAID TO THE
PRESIDENT BY OTHER SIMILAR NONPROFIT ORGANIZATIONS IS RE	VIEWED BY THE
BOARD, INCLUDING THAT OF THE SOCIETY FOR THE PROTECTION	OF NEW HAMPSHIRE

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization THE AUDUBON SOCIETY OF NEW HAMPSHIRE	Employer identification number **-**5322
FORESTS, MASSACHUSETTS AUDUBON, MAINE AUDUBON, AND THE HA	ARRIS CENTER.
FOR ANY OTHER OFFICERS OR KEY EMPLOYEES OF THE SOCIETY, TO WOULD BE FOLLOWED AS DESCRIBED ABOVE FOR THE PRESIDENT.	THE SAME PROCESS
FORM 990, PART VI, SECTION C, LINE 19:	
THE AUDUBON SOCIETY'S GOVERNING DOCUMENTS, CONFLICT OF INT	TEREST POLICY AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQ	QUEST. IN
ADDITION, THE FINANCIAL STATEMENTS AND CONFLICT OF INTERE	EST POLICY ARE ON
THE WEBSITE.	
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSE	ES:
BANK FEES:	
PROGRAM SERVICE EXPENSES	6,391.
MANAGEMENT AND GENERAL EXPENSES	8,149.
FUNDRAISING EXPENSES	1,032.
TOTAL EXPENSES	15,572.
BAD DEBT EXPENSE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	8,721.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	8,721.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 24,293.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
INCREASE IN THE VALUE OF SPLIT-INTEREST AGREEMENTS	330,137.

Name of the organization  THE AUDUBON SOCIETY OF NEW HAMPSHIRE	Employer identification number  **-**5322
	7344
FORM 990, PART XII, LINE 2C	
NO CHANGES FROM THE PRIOR YEAR.	